

State of Indiana

Pre-Employment Applicant Testing Form

I understand that applicants covered under the State Personnel Department Standardized Policy for Drug and Alcohol Testing must be tested for controlled substances as a precondition for employment in the job classification of _____.

I understand that a urine specimen will be collected and tested for controlled substances.

I understand that a positive test result for controlled substances will disqualify me for a position with the State of Indiana. I also understand a report that my urine sample was adulterated or substituted will also disqualify me for a position with State of Indiana.

I understand that if my urine sample is reported as diluted, I may be required to provide another sample for testing.

A Medical Review Officer will review my test result from the laboratory and report a final result to the State of Indiana. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Name: _____
(Printed Name) (Signature)

Date: _____